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Bib Data Sheet

CONFIRMATION NO. 8119

<b>SERIAL NUMBER</b> 09/876,014	<b>FILING DATE</b> 06/07/2001 <b>RULE</b>	<b>CLASS</b> 714	<b>GROUP ART UNIT</b> 2133	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Jamie Edelkind, Holl, MA; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/209,848 06/07/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 08/08/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 18
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> Roberts Abokhair & Mardula, LLC Suite 1000 11800 Sunrise Valley Drive Reston, VA 20191-5302				
<b>TITLE</b> System and method for identification of media by detection of error signature				
<b>FILING FEE RECEIVED</b> 485	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 8119

<b>SERIAL NUMBER</b> 09/876,014	<b>FILING OR 371(c) DATE</b> 06/07/2001 <b>RULE</b>	<b>CLASS</b> 386	<b>GROUP ART UNIT</b> 2615	<b>ATTORNEY DOCKET NO.</b>
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**APPLICANTS**

Jamie Edelkind, Holl, MA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/209,848 06/07/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED** \*\* SMALL ENTITY \*\*  
 \*\* 08/08/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

APOSTILLE, INC.  
 ATTN: JAMIE EDELKIND  
 P.O. BOX 396  
 HULL, MA 02045

**TITLE**

System and method for identification of media by detection of error signature

<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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